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| 77218 7590 02/16/2011 Medtronic Cardio Vascular Mounds View Facility South 8200 Coral Sea Street N.E. Mounds View, MN 55112   |  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |  |   |
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| APPLICATION NO.   | FILING DATE  |  | FIRST NAMED INVENTOR  |   | ATTOR  | NEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/056,807  | 0/056,807 01/25/2002 Jon   |  |   | P0010412.00 9381  |  |  |   |
| ITLE OF INVENTION: FLUID-ASSISTED ELECTROSURGICAL INSTRUMENT WITH SHAPEABLE ELECTRODE   |  |  |   |   |  |  |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUI  | FEE  | TOTAL FEE(S) DUE   | DATEDUE   |
| nonprovisional  | NO   | \$1510   | \$300 .   | \$0   |  | \$1810   | 05/16/2011  |
| EXAM  | INER   | ART UNIT   | CLASS-SUBCLASS  | <b>'</b>  |  |  |   |
| GIBSON, ROY DEAN 3739   |  |  | 606-041000  |   |  |  |   |
| Address form PTO/SB   | ondence address (or Cha  | (1) the names of up to or agents OR, alternation (2) the name of a single registered attorney or a 2 registered patent attorney or a 3 registered attorney or 3 registered patent attorney or 3 registered patent  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |  |  |   |
| ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |  |  |   |   |  |  |   |
| Medtronic, Inc. Minneapolis, MN USA   |  |  |   |   |  |  |   |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual Corporation or other private group entity 🚨 Government   |  |  |   |   |  |  |   |
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| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |  |  |   |   |  |  |   |
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| Typed or printed nam  |  | Date <u>May 10, 2011</u><br>Registration No. 39, 649   |   |   |  |  |   |
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